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Director

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

September 2002

**APPLICATION FOR DISTRIBUTION EXAMINATION, RE-EXAMINATION,
TEMPORARY, OR RESTRICTED CERTIFICATION**

1. The application for Distribution Examination, Re-examination, Temporary, or Restricted Certification form (DHS 8631 (9/02)) must be filled out **COMPLETELY**. The application *must* be typed or printed legibly in ink. **An incomplete or illegible application will result in a delay in evaluation of your qualifications and scheduling for examination.**
2. Refer to the California Code of Regulations before you complete the application. ***Legible copies of official transcripts or certificates of completion*** (noting the number of hours/units of training completed) **MUST** be included to verify your educational qualifications. **ALL MINIMUM EDUCATIONAL QUALIFICATIONS MUST BE MET BY THE FINAL FILING DATE OF THE EXAM YOU WISH TO PARTICIPATE IN.**
3. Your application must be signed and dated. You must indicate the grade for which you are applying. ***This application is used solely for the purpose of obtaining distribution examination, re-examination, temporary, or restricted certification.***
4. Be sure the appropriate fee is attached to your application, in check or money order form, made out to **DHS-OCP**. **DO NOT SEND CASH.**

EXAMINATION FEES

Grade 1 = \$50.00	Grade 2 = \$65.00	Grade 3 = \$100.00	Grade 4 = \$130.00	Grade 5 = \$155.00
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RE-EXAMINATION FEES

Grade 1 = \$30.00	Grade 2 = \$45.00	Grade 3 = \$70.00	Grade 4 = \$95.00	Grade 5 = \$120.00
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5. When your exam application has been approved, you will receive a temporary certification. This certification is valid until December 31, 2003, and cannot be renewed.
6. It is suggested you retain a copy of your application and educational verification for your own reference and future use.
7. If you are not sure of the requirements for a particular grade, please contact this office for clarification before submitting your application as **FILING FEES ARE NONREFUNDABLE.**
8. Mail completed application and filing fee to:
Department of Health Services
Drinking Water Technical Programs Branch
Operator Certification Program, MS 92
P.O. Box 942732
Sacramento, CA 94234-7320

PROPOSED EXAM SITES (Sites are in the general vicinity of the cities listed below and are subject to change.)

Eureka
Fresno
Bakersfield

Los Angeles
Redding
Orange County

Sacramento
San Bernardino
Indio/Coachella Valley

San Diego
San Jose

Santa Barbara
Vallejo

APPLICATION FOR DISTRIBUTION EXAMINATION, RE-EXAMINATION, TEMPORARY, OR RESTRICTED CERTIFICATION

Operator number		Exam notice sent		Date received		
Application approved for D1 D2 D3 D4 D5		Exam results				
Acknowledgement sent	Approval sent					
Application NOT approved						
<input type="checkbox"/> Insufficient specialized training/verification <input type="checkbox"/> No high school/GED						
Comments		Certificate dated		Certificate sent		

PLEASE DO NOT WRITE ABOVE THIS LINE

Please type or print legibly in ink.

1. PERSONAL INFORMATION

Name (last, first, middle initial)			Date of birth / /		Social Security number - -	
Mailing address (number, street)			City		State	ZIP code
Work telephone number () ext.		Home telephone number ()		E-mail address		
Are you currently certified by the State of California as a potable water treatment operator ? <input type="checkbox"/> Yes <input type="checkbox"/> No			Operator number		Grade	Issue date
Are you currently certified by the State of California as a distribution operator ? <input type="checkbox"/> Yes <input type="checkbox"/> No			Operator number		Grade	Issue date

2. EXAMINATION INFORMATION

This application is for grade	Fee	This application is for <input type="checkbox"/> Exam <input type="checkbox"/> Re-exam <input type="checkbox"/> Restricted certificate	Preferred exam site
Do you have an ADA Title I disability/impairment for which you may need assistance during the exam? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please enclose a letter (from a professional authorized to make such assessments) that describes the specific accommodations that will be required.</i>			
Do your religious beliefs prevent you from taking an exam on Saturday? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please enclose a letter from your church stating that you are a member in good standing, and why you cannot participate in a Saturday examination.</i>			

3. EDUCATION

High school graduate/GED certificate holder (required for grades 3-5)			Name and location of high school		
<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No (for grades 1 and 2 ONLY proceed to equivalency block below)					
If not a high school graduate/GED certificate holder, equivalency met with one year as an operator of a facility that required an understanding of chemical feeds, hydraulic systems, or pumps. <u>This equivalency applies to Grades 1 and 2 applicants ONLY—high school/GED required for Grades 3–5:</u>					
From	To	Name of employer		Supervisor's name	
Address (number, street)		City	State	ZIP code	Telephone number ()
Duties:					

4. SPECIALIZED TRAINING (For Grades 2–5 applicants only—Grade 1 applicants proceed to item 5.)

You must fill in the course information below and **attach legible copies of OFFICIAL transcripts or certificates of completion as proof of required course work** (certificates of completion must include number of hours of instruction completed). Application cannot be evaluated if this information is not completed, which may delay approval for examination.

Course Title	Units/hours	Date completed
Instructor's name	College or school	
Course Title	Units/hours	Date completed
Instructor's name	College or school	
Course Title	Units/hours	Date completed
Instructor's name	College or school	
Course Title	Units/hours	Date completed
Instructor's name	College or school	

5. SIGNATURE OF APPLICANT

I, the undersigned, certify that I am the above-named applicant; that all statements made on this application are true and correct; that I understand that any misrepresentations may result in ineligibility for the examination applied for or revocation of any certificate granted, pursuant to Section 106876 of the Health and Safety Code.

➤ _____
Original signature

Date

PRIVACY ACT DISCLOSURE

This information is required by the State Department of Health Services, Drinking Water Technical Programs Branch. The authority for maintaining the requested information is the California Code of Regulations, Title 22, Section 63810. All information required on the application form must be provided by the applicant. Failure to complete any portion of this form may result in delay or denial of eligibility for examination and/or certification. The information provided is used to evaluate the applicant's eligibility for certification as a distribution operator. No transfers of this information are anticipated. For more information, or access to your records, contact the Operator Certification Program, Drinking Water Technical Programs Branch, P.O. Box 942732, MS 92, Sacramento, CA 94234-7320; telephone number (916) 327-1139.